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Application Number							
Filing Date	December 20, 2004						
First Named Inventor	HAUNER, Wigbert						
Title Device For Fir	ing Ceramic For Dental Prost	heses					
Art Unit							
Examiner Name	S. Mafla						
Attorney Docket Number	DEG-FIRING						

I hereby revoke all previous powers of attorney given in the above-identified application.									
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Applicant/Inv	entor.								
		the entire interest See 37 CEE	2 7 7 1						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature	Bu	an fel				Date	December 20, 2004		
Name	Brian M.	Addison				Telephone	717-849-4363		
Title and Company	Vice Pre	sident, Secretary & General C	ounsel, DENTS	SPLY Inter	national Inc.				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
✓ *Total of 1		forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PCT

## POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treuty)

(PCT Rule 90.4)

	**************************************
The undersigned applicant(s) (Names should be indicated as	s they appear in the request):
Wigbert Hauner Im Birkenwaldchen 59 Langen D-63225 Germany	
	•
hereby appoints (appoint) the following person as:	agent common representative
Name and address (Family name followed by given name; for a legal entity, full off	ficial designation. The address must include postal code and name of country.)
	N, Brian M.; DENTSPLY International Inc.; 570 West
	****
to represent the undersigned before	all the competent International Authorities
	the International Searching Authority only
	the International Preliminary Examining Authority only
in connection with the international application identified	l bolow:
Title of the invention: DEVICE FOR FI	IRING CERAMIC FOR DENTAL PROSTHESES
Applicant's or agent's file reference: DE	EG-FIRING
International application number (if alre	eady available): PCT/US2003/019327
filed with the following Office United States Patent and to make or receive payments on behalf of the undersi	
	each of them must sign; next to each signature, indicate the name of the person signing and
	gas, if such capacity is ant abvious from reading the request or this power):
Wigbert Hauner	
Date: 12/17/04	

Form PCT/Model of power of attorney (for a given international application) (July 1992)

Under the Department Fladuation Ant of 1995

PTO/S8/01 (08-03) Approved for use through 07/31/2006, CMB 0651-0032 U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			Attorney D	ocket Number	DEG-FIF	RING				
			PIRST Name	o inventor	Wigbert	Hauner				
			COMPLETE IF KNOWN							
(37 CFR 1.63)				Application Number						
Declaration	Declar		Filing Date							
Submitted OR With Initial		tted after Initial	Art Unit				····			
Filing (37 CFR 1.16 (e))			Examiner I	Vame						
Total out										
I hereby declare that:										
Each inventor's residence, m	ailing address,	and citizenship are	as stated b	elow next to	their name.	•				
I believe the inventor(s) name which a patent is sought on the	ed below to be he invention en	the original and first	t inventor(s	) of the subje	ct matter wi	hi <b>ch</b> is clain	ned and for			
DEVICE FOR FIRING			L PROS	THESES						
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the specification of which		(Title of the	Invention)							
is attached hereto										
OR										
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was filed on (MM/DD/)	111)	06/18/2003	_ as Uni	ted States Ap	plication Nu	mber or Po	CT International			
Application Number PCT/U	Application Number PCT/US2003/019327 and was amended on (MM/DD/YYYY) (if applicab					(if applicable),				
I hereby state that I have review	ewed and unde	rstand the contents	of the abo	ا ve identified s	pecification	, including	the claims, as			
amended by any amendment	specifically refe	erred to above.								
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continuation-in-part application and the national or PCT intermediate.	ns. matenai ini	omation which bed	came avail:	able between	the filing o	late of the	prior application			
I hereby claim foreign priority	benefits unde	r 35 U.S.C. 119(a)	)-(d) or (f)	or 365(h) of	any foreig	n application	on(s) for patent,			
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country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date										
before that or the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YY)		Prior Not Cla	ity		opy Attached?			
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Additional foreign applicat	ion numbers ar	e listed on a supple	mental pri	ority data she	et PTO/SB/	02B attache	ed hereto.			

[Page 1 of 2]
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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	Custome	r Number:				OR	V	Correst	condence address below
Name Douglas J. Hura, Esquire, DENTSP	LY International li	nc.	-						
Address 570 West College Avenue, P.O. Bo	× 872				• • • •				
City State ZIP							ZIP		
York					PA				17405-0872
Country	Telephone				Fax				
US		717-849-44	66	717-849-4360					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	VENTOR:		ПАр	etition	has be	en filed	for th	is unsian	ed inventor
Given Name (first and middle [	f any])				F	amily N	Vame o	or Surna	me
Wigbert					H	launer			
Inventor's Signature	105						<del></del>		Date 12/17/04
Residence: City	State						Citizen		
Langen Dex	DE			DE	DE				
Mailing Address Im Birkenwaldchen 59								•	
City	State			ZIP			-		Country
Langen				D-63225					DE
NAME OF SECOND INVENTO					A pe	etition h	as bee	n filed fo	or this unsigned inventor
Given Name (first and middle [if any])  Family Name or Surname									
Inventor's Signature					<del>- L</del>			1	Date
Residence: City	State			Country			Citlzenship		
Mailing Address					<del></del>			<u> </u>	
City	State			ZIP			Country		
Additional inventors or a legal rep	resentative are bein	g named on the	susu	pplemer	ital ahee	t(a) PTO/	SB/02A	or 02LR at	tached hereto.

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